



NON-DOMESTIC SEWER USER QUESTIONNAIRE

INDUSTRIAL PRETREATMENT PROGRAM

Please complete this informational survey and return it within (30) days to the Industrial Pretreatment Technician at the address below. This questionnaire is intended for all commercial and/or industrial users in the Town of Billerica who do not currently have a wastewater discharge permit. The form will allow the Town to assess your type of discharge and determine if a wastewater discharge permit is required. For specific information regarding wastewater discharge permits or types of wastewater discharged to the sanitary sewer system, please contact the Town for a copy of the Town of Billerica Sanitary Sewer Rules and Regulations.

All forms are to be completed in duplicate and returned within thirty (30) days of issuance to:

Town of Billerica
Wastewater Division
70 Letchworth Avenue
North Billerica, MA 01862

All items are to be completed by the applicant. If an item is not applicable, indicate with N/A, unless otherwise specified. Please contact Don Frost at (978) 671-0956 with any questions. Please print or type.

PART I COMPANY INFORMATION

1. Company Name: _____
2. Address: _____ Map-Block-Lot (MBL) _____
3. Mailing Address (if different): _____
4. Representative: _____
5. Title: C _____
6. Telephone Number: _____
7. Nature of Business: _____
8. North American Industry Classification System Code: _____
9. Federal Pretreatment Category _____
10. Type of Process: Continuous _____ Batch _____
11. Hours of operation per day: _____
12. Days of operation per week: _____

PART II WASTEWATER DISCHARGE

13. Please check all that apply to your business/facility:

- | | |
|--|--|
| <input type="checkbox"/> Animal Hospital (Vet.) | <input type="checkbox"/> Metal Stamping/Finishing |
| <input type="checkbox"/> Auto Body/Repair Shop | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Newsprint/Print Shop |
| <input type="checkbox"/> Beverage (Bottler) | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Car Washing Facility (auto laundry) | <input type="checkbox"/> Office |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmaceutical (Mfrs.) |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Photography (film developing) |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Restaurant/Food Service |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Retail Shop |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Screen Printing |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> School |
| <input type="checkbox"/> Jeweler | <input type="checkbox"/> Shipping/Receiving (trucking) |
| <input type="checkbox"/> Laboratory (R&D, Analytical) | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Laundries (cleaners) | <input type="checkbox"/> Warehouse/Storage |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Mechanic Shop | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Manufacturing: _____ | |
| <input type="checkbox"/> Other: _____ | |

14. Provide a brief description of the manufacturing, production or service activities at your company:

15. Is your facility connected to:

- Municipal Sewers Septic Surface Discharge
 Other (describe): _____

16. Does your facility produce wastewater from:

- Toilet(s) & Sink(s) from bathrooms or kitchens
 Lab Sinks
 Process (Flow _____ gpd)
 Floor Drains
 Kitchen or cafeteria
 Other (describe: _____, flow: _____ gpd)

17. Does your facility discharge to the municipal wastewater collection system wastewater from:

- Toilet(s) & Sink(s) from bathrooms or kitchens
 Lab Sinks
 Process (Flow _____ gpd)
 Floor Drains
 Other (describe: _____, flow: _____ gpd)

18. Please check the types of pretreatment systems present at your facility for wastewater discharges to the municipal wastewater collection system.

- Silver Recovery Unit Sand filter Filtration Grit removal

- Grease/Oil Water separator
- Grease Trap (size of grease trap: _____)
- Other: _____
- No pretreatment provided.

19. Do you discharge to the municipal wastewater collection system any non-domestic wastewater that meets any of the following criteria:

- User is regulated by National Categorical Pretreatment Standards.
- User discharges an average of twenty-five thousand (25,000) gallons or more per operational day of process wastewater.
- User has a reasonable potential for upsetting the operational process at the Wastewater Treatment Facility or violating any Pretreatment standard.
- User discharges up five (5) percent or more of the average dry weather organic capacity of the Wastewater Treatment Facility (high BOD concentration).

20. Does your facility store or use any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Acids/Caustics | <input type="checkbox"/> Non-Hazardous Waste |
| <input type="checkbox"/> Boiler Compounds | <input type="checkbox"/> Oils/Petroleum Products |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Paints |
| <input type="checkbox"/> EPA Total Toxic Organics | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Glycol Products | <input type="checkbox"/> Sludge |
| <input type="checkbox"/> Hazardous Wastes | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Liquid Soaps or Detergents | <input type="checkbox"/> Storage Tanks |

21. If anything is checked in question 20, please specify the name, quantity and volume of each container exceeding five gallons.

22. If your facility has roof drains, where do they discharge?

- storm drain system municipal wastewater collection system

23. Provide building layout diagram with showing location of all unit processes, chemical storage areas, water flow meters, floor drains, plumbing and piping connected directly or indirectly to municipal sewer including process, sanitary and storm water lines and facility connection to municipal sewer.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Signature of Applicant

Title

Date of Application